

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, June 21, 2019 at the hour of 10:00 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Heather M. Prendergast, MD, MS, MPH; and Layla P. Suleiman Gonzalez, PhD, JD (4)

Directors Mike Koetting, David Ernesto Munar and Mary B. Richardson-Lowry

Patricia Merryweather (Non-Director Member)

Telephonically

Present: Board Chair M. Hill Hammock (ex-officio) and Patrick T. Driscoll, Jr. (Non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Mohammed Abu Realh – Associate Nurse
Executive, Hospital-Based Services
Claudia Fegan, MD – Chief Medical Officer
Trevor Lewis, MD – John H. Stroger, Jr. Hospital
of Cook County
Mark Loafman, MD – Chair, Family and
Community Medicine

John O'Brien, MD – Chair, Department of
Professional Education
Kathleen Pavkov – Associate Nurse Executive,
Ambulatory Services
Kent Ray – Associate General Counsel
Deborah Santana – Secretary to the Board
Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speaker:

1. Kathy Kelly Concerned Citizen
2. George Blakemore Concerned Citizen

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

There were no regulatory and accreditation updates provided.

B. Metrics (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

III. Report from Chief Quality Officer

B. Metrics (continued)

Director Driscoll noted that the data provided on infections was only through March, and is the same information that was presented last month; she commented that this report should include more current information.

C. Patient Experience Update (Attachment #2)

The following individuals provided an overview of the Patient Experience Update: Dr. Wyatt; Dr. John O'Brien, Chair of the Department of Professional Education; and Mohammed Abu Realh, Associate Nurse Executive, Hospital-Based Services. The Committee reviewed and discussed the information.

The Update included information on the following subjects:

- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
- Why is it Important?
- Used in Value Based Purchasing
- Stroger Hospital Compared to National (Centers for Medicare and Medicaid Services) Data
- HCAHPS Stroger Hospital (All Surveys)
- Press Ganey Contract
- Press Ganey Surveys
- Ambulatory and Community Health Network of Cook County (ACHN)
- ACHN Mean Scores
- ACHN: Representative Comments
- Provident Hospital
- Provident Hospital: Representative Comments
- Stroger Hospital
- Stroger Hospital: Representative Comments
- High Reliability Organization (HRO) Steering Committee
- Project Description
- Aim Statement
- Expected Outcomes
- HRO Workgroup Activities

D. ACHN Update (Attachment #3)

The following individuals provided an overview of the ACHN Update: Dr. Mark Loafman, Chair, Family and Community Medicine; and Kathleen Pavkov, Associate Nurse Executive, Ambulatory Services. The Committee reviewed and discussed the information.

The Update included information on the following subjects:

- Healthcare Effectiveness Data and Information Set (HEDIS) Metrics
- Population Health and HEDIS Measures

III. Report from Chief Quality Officer

D. ACHN Update (continued)

- Current HEDIS Measure Performance
- Proposed Priority HEDIS Measures for 2019
- Proposed HEDIS Measures by Workgroup
- Quality Improvement Project Charter: Patient Centered Primary Care within a High Reliability Organization
- Diabetes Care and Childhood Immunizations
- Primary Focus Areas for Plan-Do-Study-Act (PDSA) Cycles

Director Richardson-Lawry requested that the Committee carve out time at a future meeting for a detailed discussion on maternal and fetal health.

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were none presented for consideration.

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #4)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, provided his report. He stated that, at the recent EMS meeting, they received presentations from the Departments of Medicine, Radiology and Emergency Medicine. He noted that Dr. Jeff Schaidler, Chair of the Department of Emergency Medicine, will be retiring from Cook County Health at the end of the month, so this was his final report to EMS. EMS will be reviewing critical lab values for their next meeting, and he noted that the Joint Conference Committee is expected to meet in July.

Director Suleiman Gonzalez, seconded by Director Driscoll, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, was unable to attend the meeting. The Committee considered the proposed Provident Hospital medical staff actions presented for their consideration.

Director Driscoll, seconded by Director Prendergast, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

C. Minutes of the Quality and Patient Safety Committee Meeting, May 24, 2019

Director Driscoll, seconded by Director Prendergast, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of May 24, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

A. Medical Staff Appointments/Re-appointments/Changes

B. Claims, Litigation and Quality and Patient Safety Matters

C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996

The Committee did not recess into a closed meeting.

VI. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

Requests/follow-up:

Follow-up: A request was made for more current data to be presented for infections. Page 2

Follow-up: A request was made for a detailed discussion on maternal and fetal health at a future Committee Meeting. Page 3

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
June 21, 2019

ATTACHMENT #1

QPS Quality Dashboard



June 21, 2019





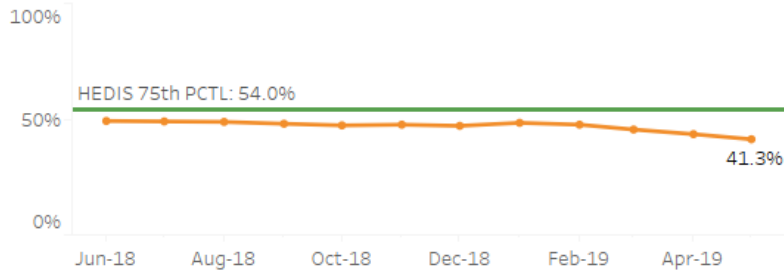
COOK COUNTY HEALTH

Quality Dashboard

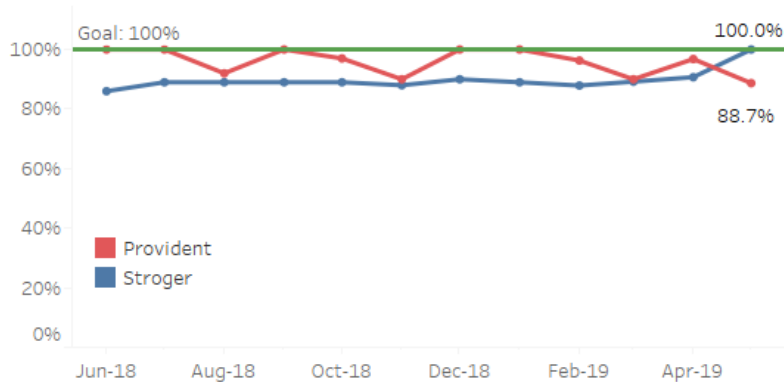
June 21, 2019

Health Outcomes

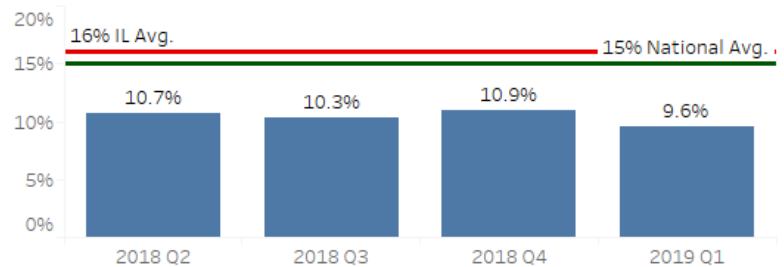
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

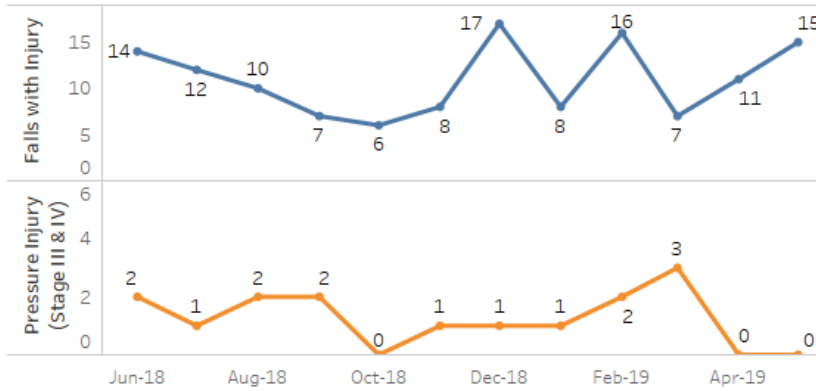


30 Day Readmission Rate

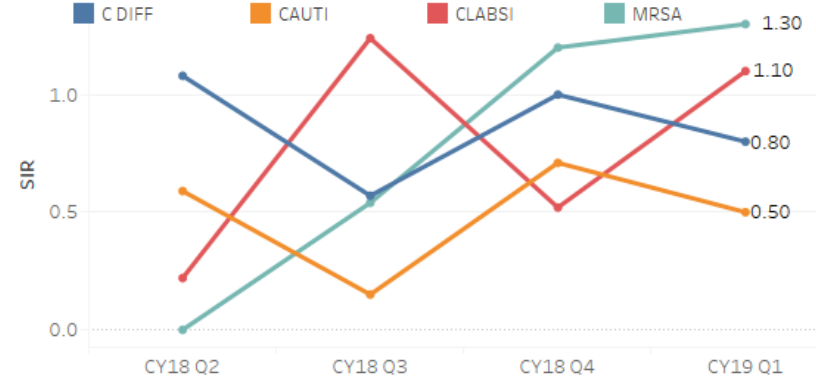


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

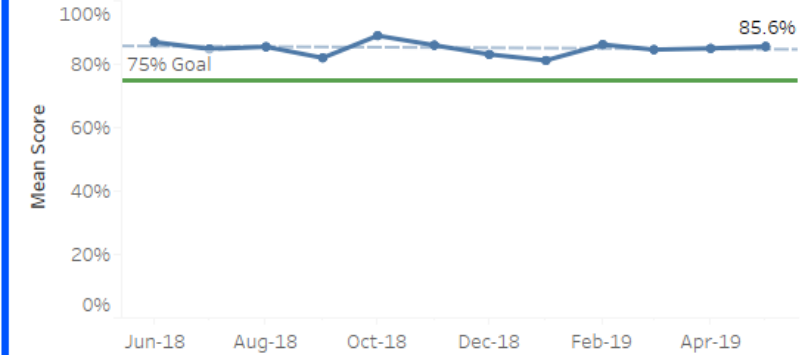


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

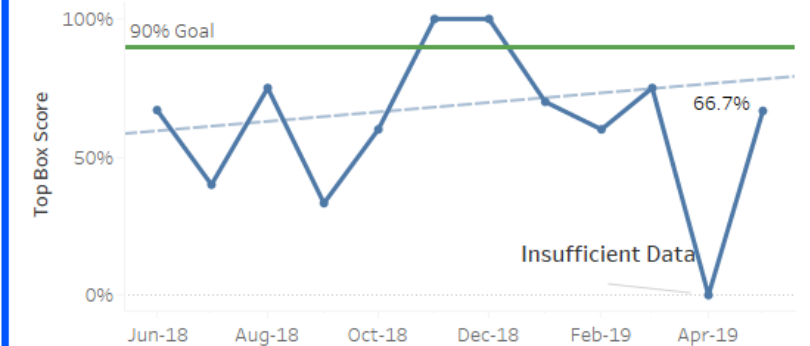
	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
C DIFF	6	11	4	5	4	2	10	4	4	6	2	6
CAUTI	1	2	1	0	1	0	0	1	3	1	1	1
CLABSI	0	1	0	2	3	0	0	0	2	1	0	4
MRSA	0	0	0	0	1	0	0	1	0	1	0	1

Utilization

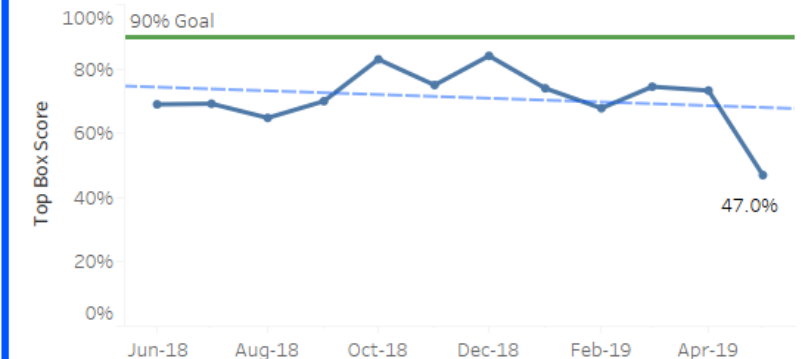
ACHN--Overall Clinic Assessment



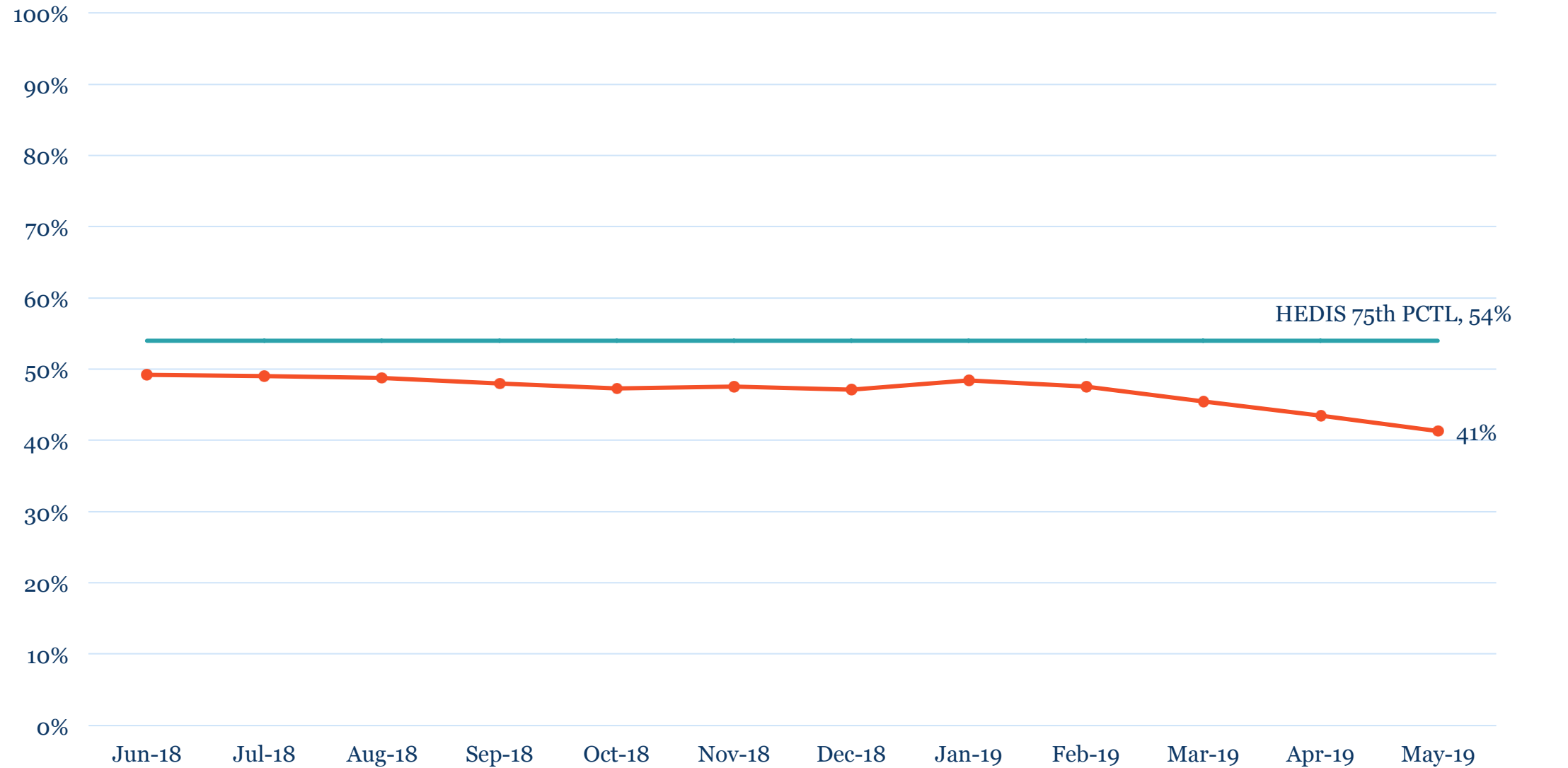
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

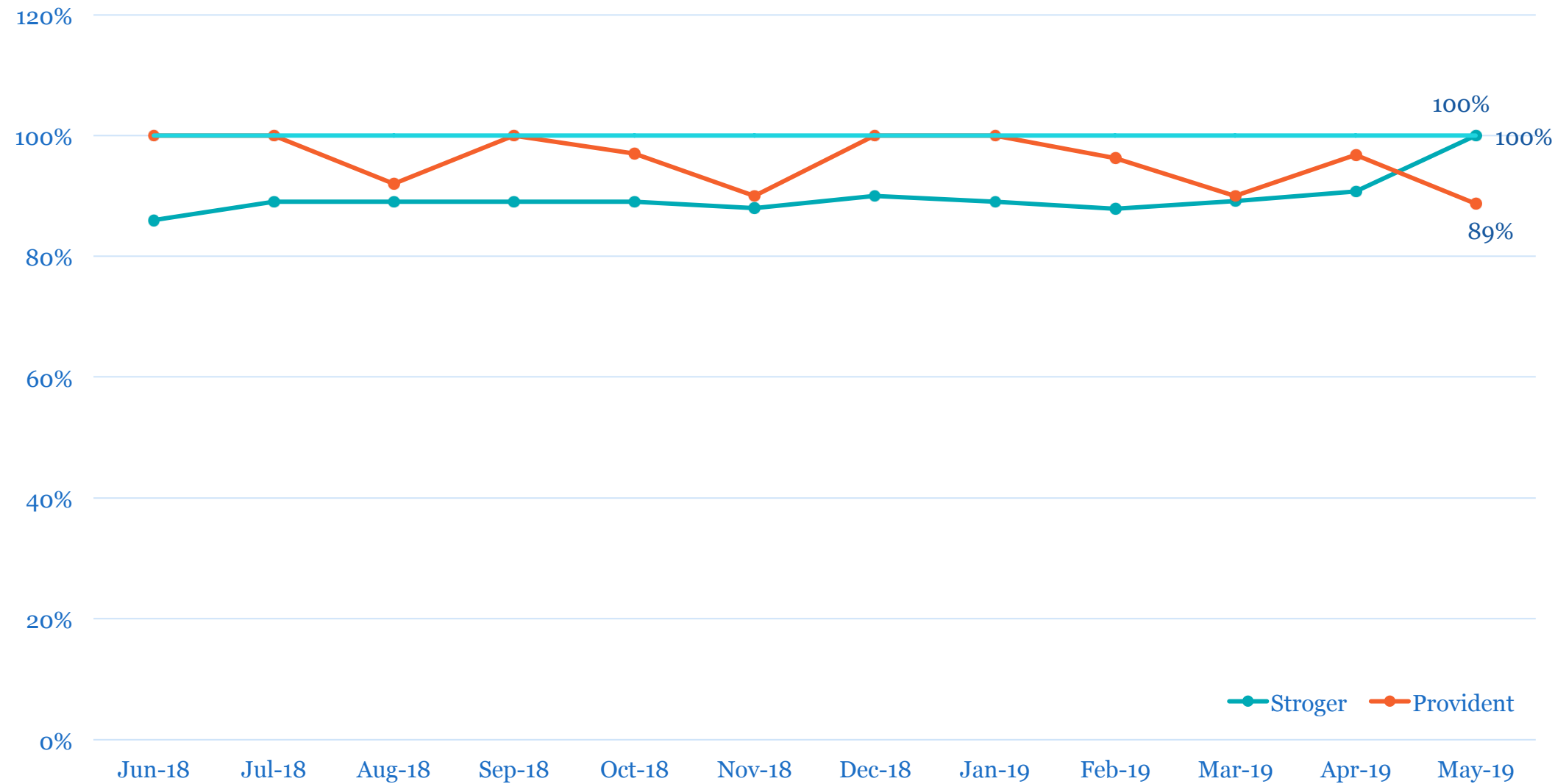


HEDIS – Diabetes Management: HbA1c < 8%



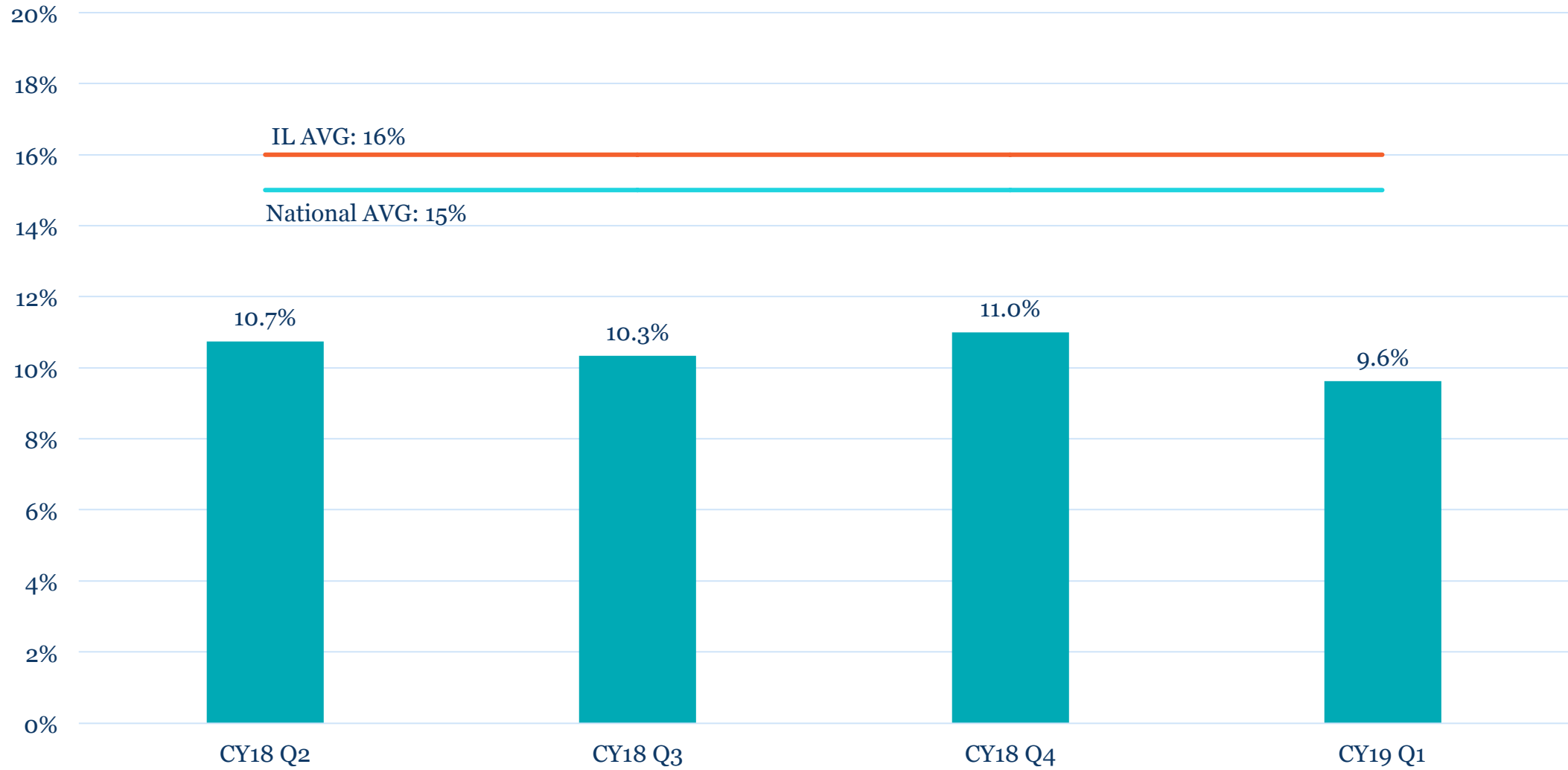
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



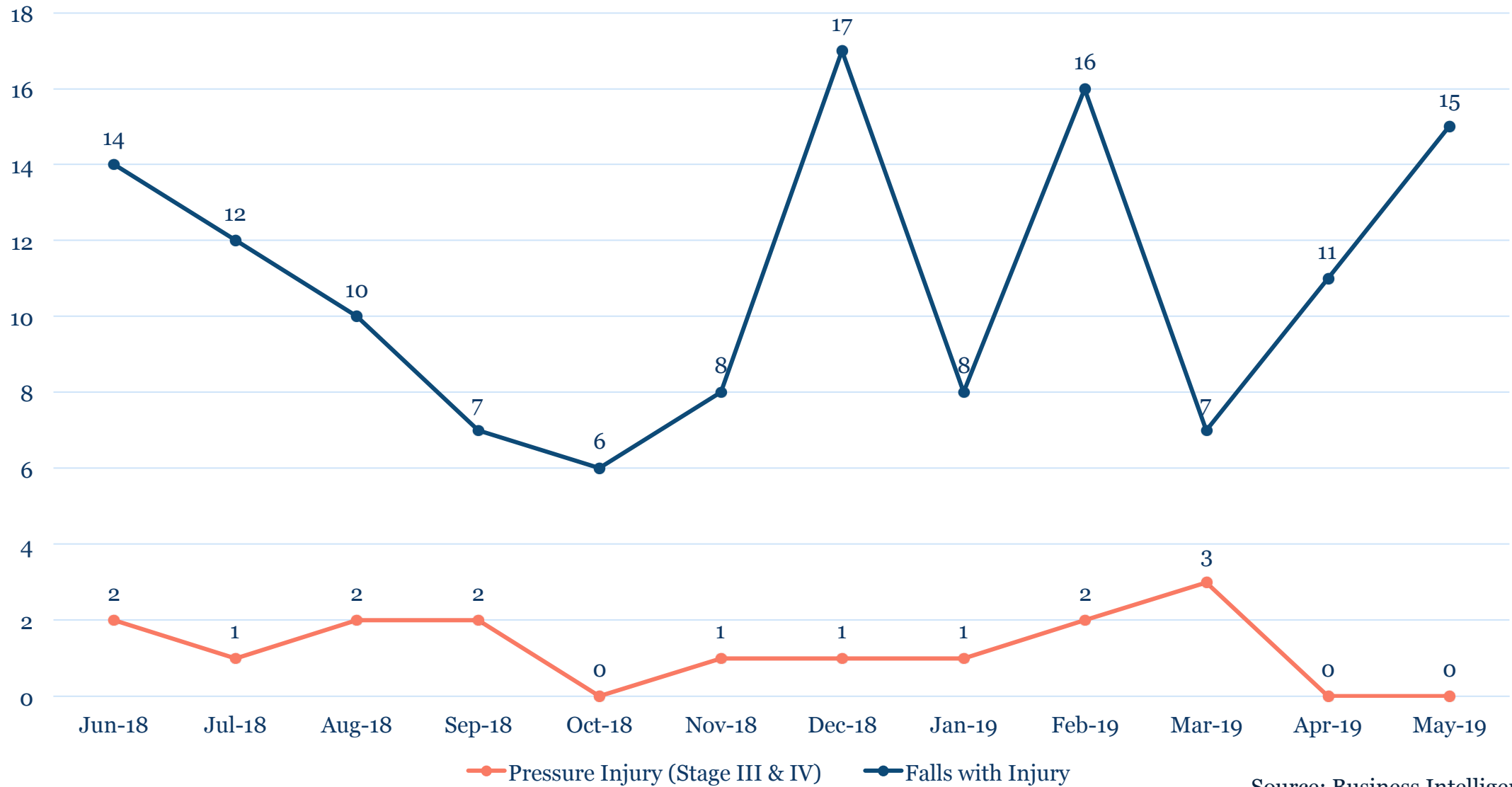
Source: Quality Dept.

30 Day Readmission Rate



Source: Business Intelligence

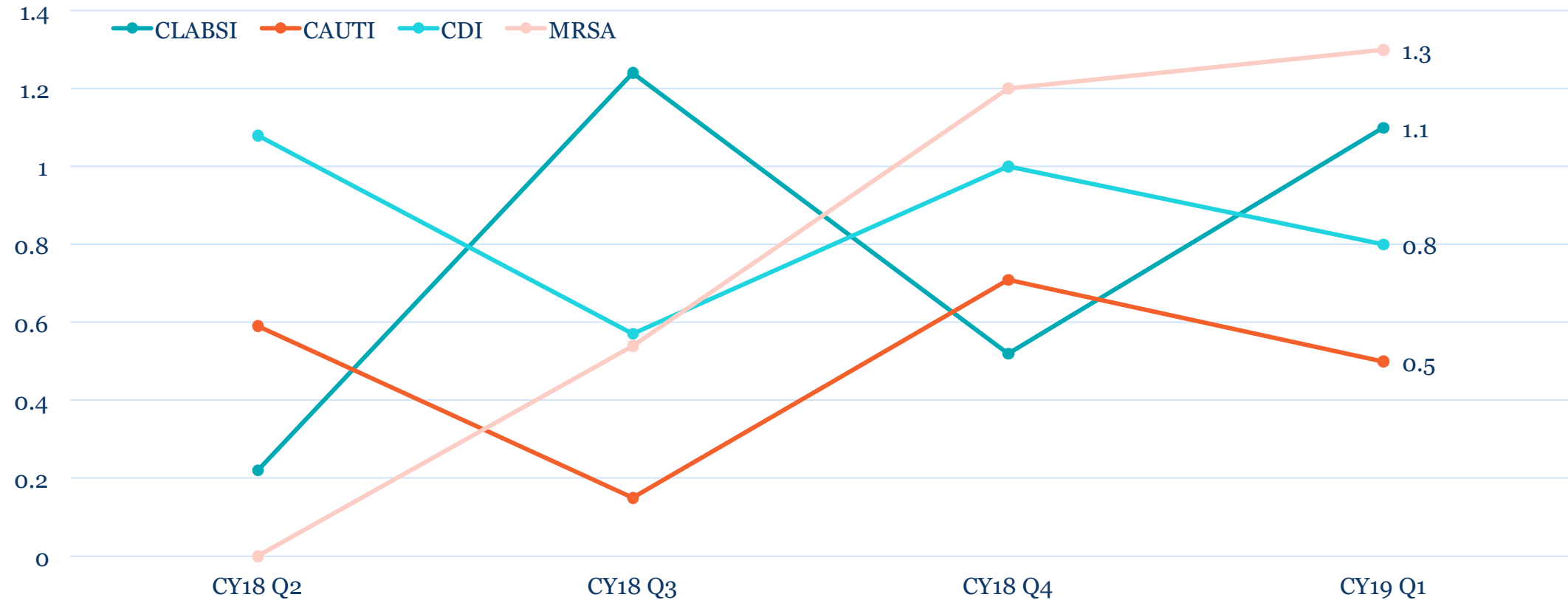
Hospital Acquired Conditions



Source: Business Intelligence



Hospital Acquired Infections

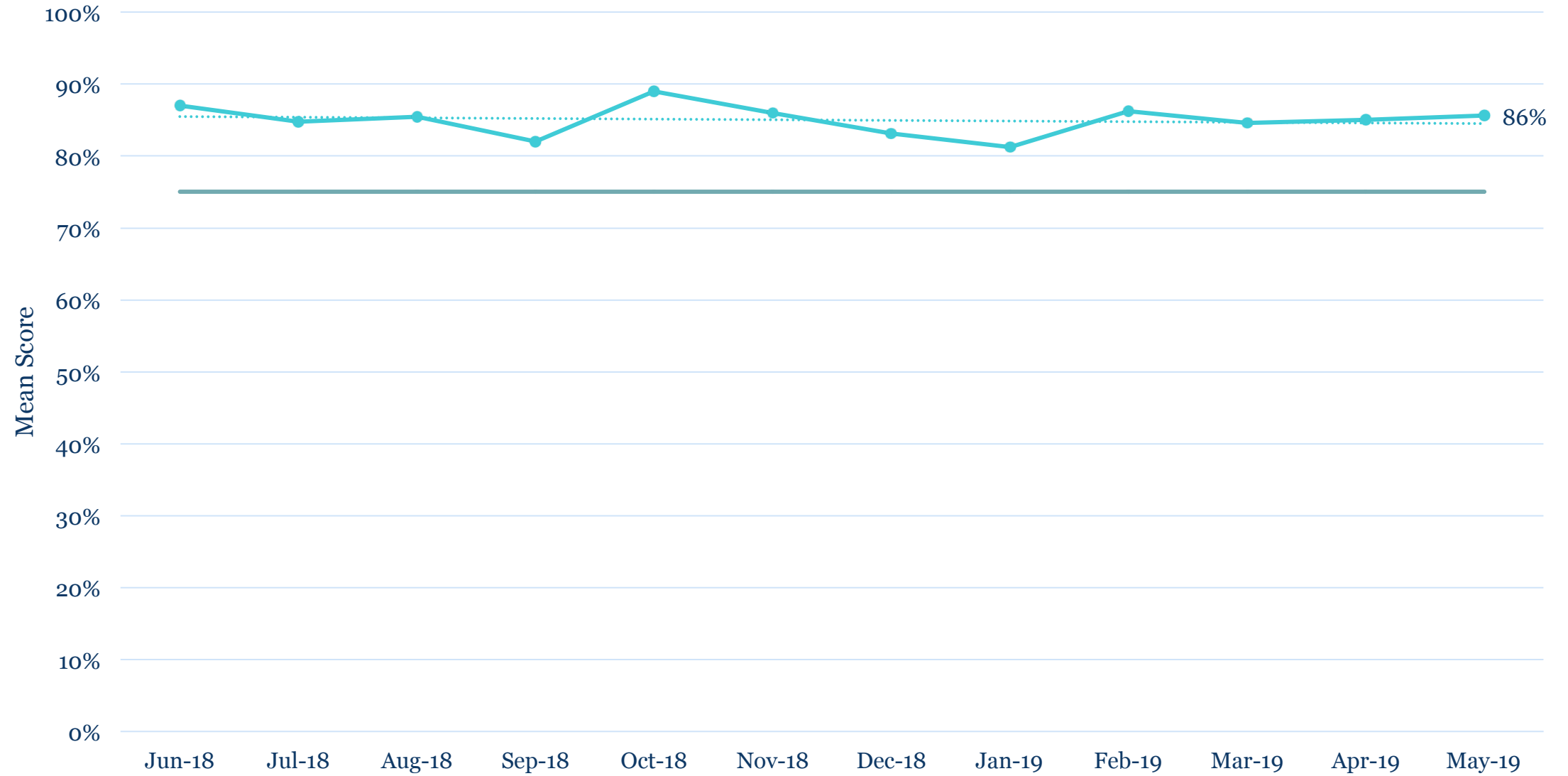


	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
CLABSI	0	1	0	2	3	0	0	0	2	1	0	4
CAUTI	1	2	1	0	1	0	0	1	3	1	1	1
CDI	6	11	4	5	4	2	10	4	4	6	2	6
MRSA	0	0	0	0	1	0	0	1	0	1	0	1

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

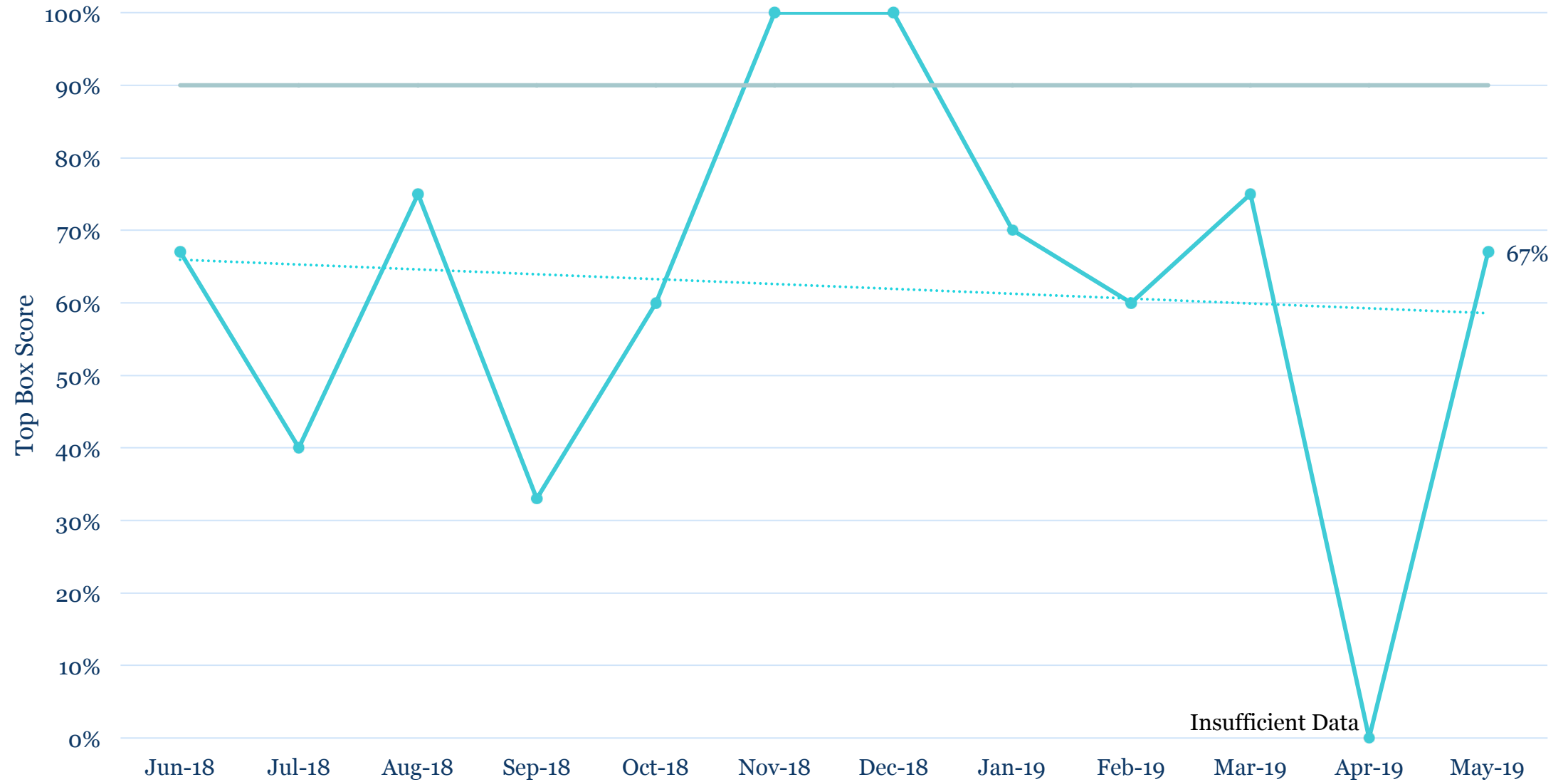
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment



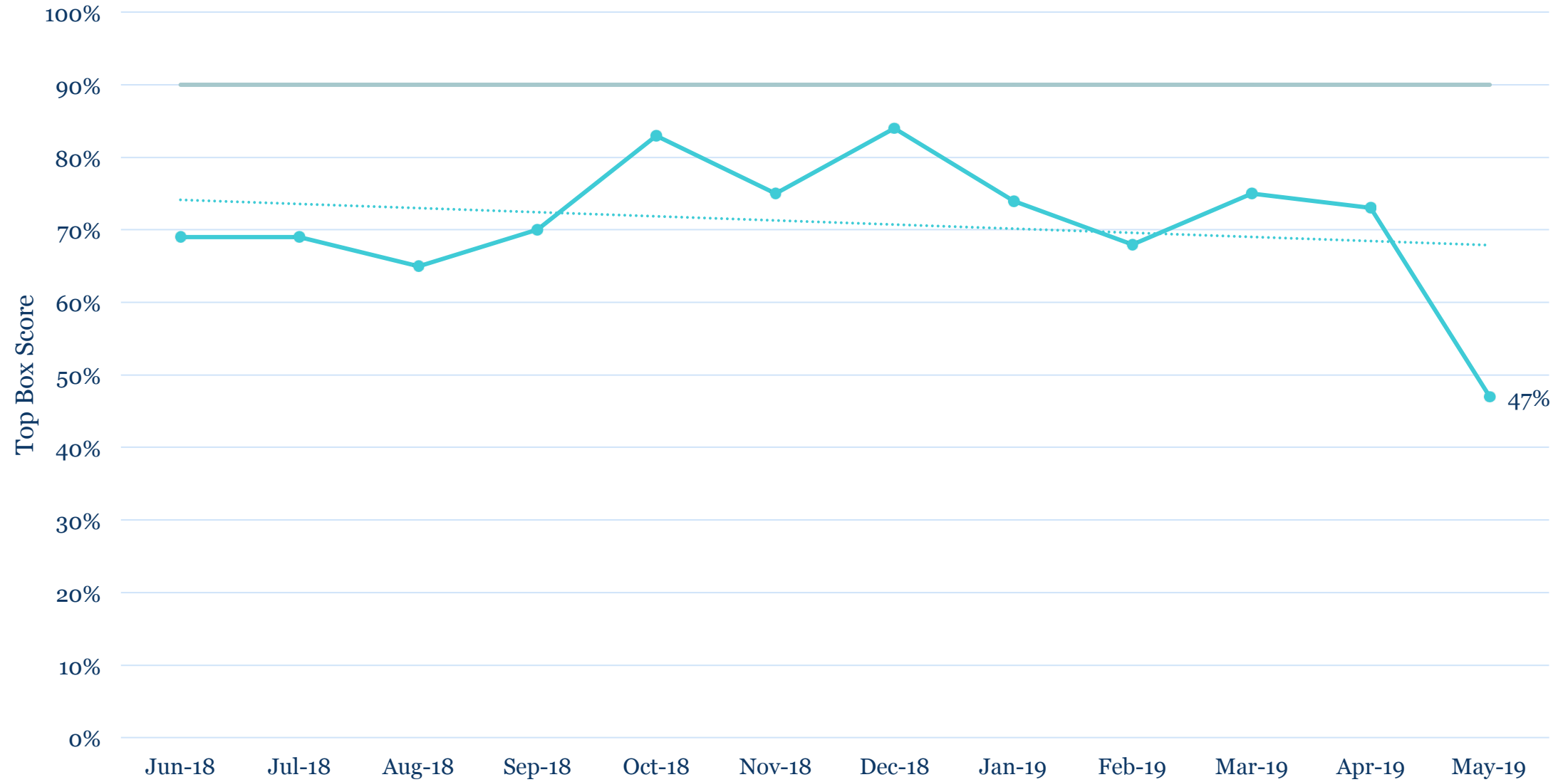
Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Source: Press Ganey

Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
June 21, 2019

ATTACHMENT #2

Likelihood to Recommend: Major Themes and Representative Comments

Ron Wyatt, MD, MHA, Chief Quality Officer

June 21, 2019 – Board of Directors Quality & Patient Safety Committee Meeting

June 28, 2019 – Board of Directors Meeting



COOK COUNTY
HEALTH

The Name of the Survey

- Official name:

CAHPS® HOSPITAL SURVEY

- Also known as **Hospital CAHPS®** or

HCAHPS

➡ Pronounced "*H-caps*"

CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality, a U.S. Government agency.

Why is it important

- Consumers have access to the data
- Consumers relate more easily to CAHPS[®] data than to clinical data
- Some use CAHPS[®] data to choose hospitals
- CAHPS[®] is publicly available
- Media covers the reports
- Promoted by hospitals
- Participation linked to reimbursement
- Has volume, revenue, and reputation implications

Used in Value Based Purchasing

- **Nurse Communication**
- **Doctor Communication**
- **Cleanliness and quietness**
- **Responsiveness of hospital staff**
- **Pain management**
- **Communication about medications**
- **Discharge Information**
- **Overall hospital rating**

Stroger Compared to National (CMS data)

July 2017- June 2018

HCAHPS Measure	Stroger Hospital Response Percentages (July 2017 – June 2018 discharges)			CMS National Results (July 2017 – June 2018 discharges) -rounded to whole numbers		
	0-6	7-8	9-10	0-6	7-8	9-10
Rate Hospital 0-10 (0-6; 7-8; 9-10)	9.8%	24.0%	66.2%	8%	19%	73%
	Definitely No & Probably No	Probably Yes	Definitely Yes	Definitely No & Probably No	Probably Yes	Definitely Yes
Recommend the hospital	5.7%	24.4%	69.9%	5%	23%	72%
	Never & Sometimes	Usually	Always	Never & Sometimes	Usually	Always
Communication with Nurses Domain	10.6%	22.7%	66.7%	4%	16%	80%
	Never & Sometimes	Usually	Always	Never & Sometimes	Usually	Always
Response of Hospital Staff Domain	23.1%	23.9%	53.0%	9%	21%	70%
	Never & Sometimes	Usually	Always	Never & Sometimes	Usually	Always
Communication with Doctors Domain	5.0%	13.2%	81.8%	5%	14%	81%
	Never & Sometimes	Usually	Always	Never & Sometimes	Usually	Always
Cleanliness of Hospital Environment	20.8%	24.3%	54.9%	7%	18%	75%
	Never & Sometimes	Usually	Always	Never & Sometimes	Usually	Always
Quietness of Hospital Environment	17.2%	29.5%	53.3%	10%	28%	62%
	Never & Sometimes	Usually	Always	Never & Sometimes	Usually	Always
	Never & Sometimes	Usually	Always	Never & Sometimes	Usually	Always
Communication about Medicines Domain	24.0%	19.0%	56.9%	17%	17%	66%
	-	No	Yes	-	No	Yes
Discharge Information Domain	-	17.7%	82.3%	-	13%	87%
	Strongly Disagree & Disagree	Agree	Strongly Agree	Strongly Disagree & Disagree	Agree	Strongly Agree
Care Transitions Domain	7.1%	44.3%	48.6%	5%	42%	53%



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Source: Press-Ganey

HCAHPS Stroger (All Surveys)

June 1, 2018-May 31, 2019

HCAHPS Measure	Top Box Score	All Press Ganey Database Percentile Rank
Rate Hospital 0-10	69.6%	37 th Percentile
Recommend the hospital	72.6%	51 st Percentile
Communication with Nurses Domain	69.3%	3 rd Percentile
Response of Hospital Staff Domain	57.6%	10 th Percentile
Communication with Doctors Domain	83.0%	65 th Percentile
Hospital Environment Domain	57.5%	12 th Percentile
Communication about Pain Domain	57.4%	15 th Percentile
Communication about Medicines Domain	56.8%	11 th Percentile
Discharge Information Domain	81.7%	10 th Percentile
Care Transitions Domain	51.3%	39 th Percentile



Press Ganey Contract

Stroger Hospital

Annual Surveying Parameters

- Up to 58,145 mailed surveys with CCH cover letter and biz return envelope (wave 1:15,000 and wave 2:12,150) for Inpatient HCAHPS and CAHPS for ambulatory surgery.
- Up to 792 completed phone surveys in English and Spanish for the Stroger Emergency Department.

Provident Hospital

Annual Surveying Parameters

- Inpatient HCAHPS (mail): 1,150 wave 1: 1,150 and wave 2: 1,925
- Emergency Department (phone in English and Spanish): 792 completed calls

Ambulatory and Community Health Network (ACHN)

Annual Surveying Parameters

- Medical Practice (mail) – 25,920
- 17 sites: GMC (roll-up), Prieto, Austin, Logan Square, Arlington Heights, Near South, Englewood, Cottage Grove, Robbins, Cicero, Oak Forest Specialty, Woodlawn, Psych, Sengstacke Specialty, Sengstacke Primary, Stroger Subspecialty, Oak Forest Primary

Press Ganey Contract

Survey Response Rates – Q1 2019 (January through March 2019)

ER Phone Completion Rate – national average phone completion rate: 40.4%

- Stroger ER (66 completed) monthly range of 59.5%-54.6%
- Provident ED (66 completed) monthly range of 66%-55.5%

Ambulatory Surgery – national average ambulatory surgery paper response rate: 30.6%

- Stroger (24-43 returned) monthly range: 10.1%- 14.9%

Inpatient Unit – national official HCAHPS paper survey response rate: 27.7%

- Stroger - 22 units/services surveyed (76-143 surveys returned) monthly range: 0/4.9%-39.1%
- Provident – 8 West (8-10 surveys returned) monthly range: 15.6%-21.7%

MD/Medical Practice/ACHN – national average Medical Practice paper response rate: 18.4%

- Stroger – 17 sites surveyed (145-217 surveys returned) monthly range: 9.4%-10.5%

Press Ganey Surveys

Reasons for low response rates?

Many variables impact so virtually impossible to be definitive.

- Written reminder to “please” fill out survey/we want your feedback” if you get one on depart/discharge forms
- Repeat message verbally by every staff person at the care transition
- Include messaging in routine follow-up phone calls post-depart/discharge
- Posters/other displays/rounding mentioning the surveys

Feedback from Press Ganey on specifics

- No external research on response-rates for safety-net or low-literacy organizations that does not violate proper survey communication in some way
- Safety net organizations might experience greater language barriers and health literacy issues that prevent response, but this is only an inference and there is no definitive cause and effect data.
- Lower scores tend to result in lower response rates, again an inference.
- The PG research team is also doing analysis related to return rates for different survey modes and looking at other variables like race and language. No conclusions have been made.

ACHN

86.8% Mean – 4th percentile rank (compared to 1,199 facilities in PG database nationally)

Major Themes

- **Moving through the visit**
 - Wait time at clinic
 - Information about delays
- **Sensitivity to patient needs**
 - Concern of nurses/assistants for problems
- **Ease of getting the clinic on the phone**
- **Importance of Care Provider (CP)**
 - Ease of obtaining referrals for specialty care
 - Had information about care from specialist doctors
 - Extent CP coordinated your care
 - Ability to see CP of your choice
 - Develops a comprehensive care plan

Source: PG Medical Practice Report Q1 2019

ACHN Mean Scores

May 2019

Patient Experience																			
Press Ganey ACHN (All Clinics) Mean Scores																			
Section/Question	Year 2017	Year 2018	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	18-Sep	18-Oct	18-Nov	18-Dec	Jan-19	Feb-19	Mar-19	Apr-19	May-19
Overall	80	81	82	81	80	78	80	81	82	78	82	83	79	83	79	80	79	82	80
Ease of Getting Clinic on the Phone	60	62	67	68	64	56	63	62	64	60	62	68	60	70	60	65	63	69	65
Moving Through Your Visit	67	68	70	70	67	66	69	66	71	65	71	71	70	72	68	69	69	68	68
Cleanliness of our Practice	84	85	87	85	85	82	82	88	85	83	87	84	84	86	83	85	83	88	87

ACHN: Representative Comments

Voice of the Patient

- Trying to reach the clinic is very difficult since one of their phone numbers doesn't work and they don't pick up.
- Had to schedule the appointment 3 months in advance; our previous appointment was not placed in the system after we called and told we had it.
- Always a good experience with my doctor. He is thorough and understanding.
- Because I don't know how to speak English, they do not treat me well and it is difficult to make appointments.
- It's like watching a family/community in action. I enjoy coming to the office.
- During my last appointment, I waited in line to check-in for 45 minutes and then was told I was already checked as a "no show".
- The times I have had an appointment they have attended to me very well

Provident Hospital

61.9% Top Box- 70.9% percentile rank compared to 3 like facilities

85.1% Mean – 21% percentile rank compared to 10 national facilities

Major Themes

- **Physician**
 - Time physician spent with you
 - Physician's concern for questions/worries
 - Keeping patient informed
- **Discharge**
 - Speed of discharge process
 - Long wait time to be seen in ED
- **Nurses**
 - Keeping patient informed
 - Attitude toward requests
- **Staff**
 - Response to concerns/complaints and attention to personal needs
 - Inclusion in decisions re treatment

Source: HCAHPS Report 7/1/18-12/31/18

Provident Hospital – Representative Comments

Voice of the Patient

8 West Med/Surg unit

- Nurses were very professional (1 comment out of 5 processed)
- I experienced one error regarding the IV (1 of 5)
- The doctor that discharged me was extraordinarily kind. I do not speak English so he took me to the pharmacy and helped me process my order.

Emergency Department

- Triage took too long after waiting 3 hours (1 of 6)
- The doctor didn't want to listen to me; just wanted to give me his own input. I haven't heard test results for 3 weeks (1 of 4)
- Provident Hospital is a very good community hospital. I have nothing but it's all aces in my book. I recommend to anyone and to anybody. There's a caring staff, caring check in staff. The doctors are concerned. The emergency room is very efficient and to the point.

John H. Stroger, Jr. Hospital of Cook County

70.2% Top Box – 49% percentile rank (compared to all PG database)

Major Themes

- **Communication with Nurses**
 - Treat with courtesy and respect
 - Listen carefully and keep you informed
 - Explain in ways you understand
- **Responsiveness of hospital staff**
 - Promptness of call button help
 - Help with toileting as soon as you wanted it
- **Cleanliness of hospital environment**
- **Communication about medicines**
 - Told what medicine is for
 - Told about possible side effects in way you understood

Stroger Hospital: Representative Comments

Voice of the Patient

Med/Surg

- Discharge took too long to get all the right papers
- The rooms were dirty and I had to keep telling them to clean
- I was admitted by a very friendly person

OB

- After I delivered my baby, a nurse made my spouse leave because I was in a double room, even though there was no other patient there
- I had pain from stitches after birth and didn't get enough "numbing medicine"
- The physicians were very professional. I rate you 9 plus.

ED

- My legs were extremely weak and no wheel chair was offered; average wait time to see doctor was 4-8 hours
- The front desk people should be more professional and friendly
- I was very well taken care of, and I think the staff was **excellent** in what they did.

CCU

- Doctors caring for me never introduced themselves before talking to me
- Nurses complained of working overtime and said it was because they were taking care of patients without insurance
- Care was immediate and I was having a heart attack



HIGH RELIABILITY ORGANIZATION STEERING COMMITTEE



Patient Experience

June 2019

Mohammed Abu Realh
Patty Looker
John O'Brien, MD



COOK COUNTY
HEALTH

What Are We Trying to Accomplish?

Current HCAHPs scores for Stroger Hospital are well below the national average. We hope to improve these by specifically targeting changes in routine activities that effect our HCAHPs scores in areas of communication, cleanliness, and patient assistance.

Project Description

Improving as a Place of Caring

We will focus on improving areas related to *Caring For The Patient*

- Communicating about side effects of medicines patients may never have taken
- Keeping the care areas clean and quiet
- Responding to our patients' needs in a timely fashion

AIM Statement

Within one year, we will increase our HCAHPs scores to be on par with national averages in eight measures (Recommend, COMP 1, 2, 3, 5, 6, Quiet and Clean, through Quick Test of Change Projects on the Med/Surg floors, ER, Units, 4 Flex and Post Partum).

Expected Outcomes

We expect that improvement as a *Place of Caring* will lead to a greater patient satisfaction and create an improved work environment for our employees. As an organization this should improve our patient volumes and reduce employee turnover. This should also lead to improved HCAHPs scores.

HRO Workgroup Activities

Unit	Project Name	Local Leader (Nurse Manager, Physician Sponsor)	Specific Intervention	Duration	Internal Measurement	Project Start Date
Critical Care	How To Increase PG Survey Response Rate	Radha Nair, Critical Care Nurse Managers	Improve communication with patients and family about the importance of completing Patient Surveys	2 Week Intervals	Number of Surveys completed in the Critical Care Division	6/24/2019
4 Flex	Discharge Information	Laretta Wiley, Dr. Isaac Paintsil	Improve specific communication with patients/family of what sings/symptoms to look for after discharge	2 Week Intervals	TBD by the team	6/24/2019
Post Partum	Communication with Nurses	Tashunda Green, Dr. Erica O'Neill	TBD by the team	2 Week Intervals	TBD by the team	6/24/2019
6 East	Communication with Nurses	Beena Philip, Dr. Poushali Bhattacharjee	TBD by the team	2 Week Intervals	TBD by the team	6/24/2019



HRO Workgroup Activities (cont'd)

Unit	Project Name	Local Leader (Nurse Manager, Physician Sponsor)	Specific Intervention	Duration	Internal Measurement	Project Start Date
6 South	Responsiveness of Hospital Staff	Jackie Denis, Dr. Admasu Kumssa	TBD by the team	2 Week Intervals	TBD by the team	6/24/2019
6 West	Medication Communication	Linda Liu, Dr. Natasa Margeta	TBD by the team	2 Week Intervals	1) Round on patients and verify their understanding of medication and side effects. 90% understanding. 2) Improve Press Ganey score for communication about medication side effects	6/3/2019
7 East	Noise Reduction	Lynda Lewis, Dr. Marlon Garcia	TBD by the team	2 Week Intervals	TBD by the team	6/24/2019
8 East	Call Light Response	Kandice Hightower, Dr. Harry Richter III	Every call light on 8 East gets attention within one (1) minute through an RN, PCA/HA response by 10/1/19	3.5 months to date 2 Week Intervals	1) Periodic small test of change cycles to confirm sustainability of process improvement 2) Periodic observation of individual by supervisor to monitor that response and practice standards are being met 3) Staff feedback on the responsiveness standard	3/1/2019
ED	Nurse Bedside Shift Reporting	Annmarie McDonagh, Claudia Wilson	Improve bedside shift report by nurses in the Stroger ED by 90% by 9/1/2019	3.5 months to date 2 Week Intervals	TBD by the team - Pending	3/1/2019

Thank you.



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
June 21, 2019

ATTACHMENT #3



Cook County Health: Ambulatory Quality Improvement

HEDIS Performance Projects Update

Kathy Pavkov

Mark Loafman

June 21, 2019



COOK COUNTY
HEALTH

HEDIS Metrics

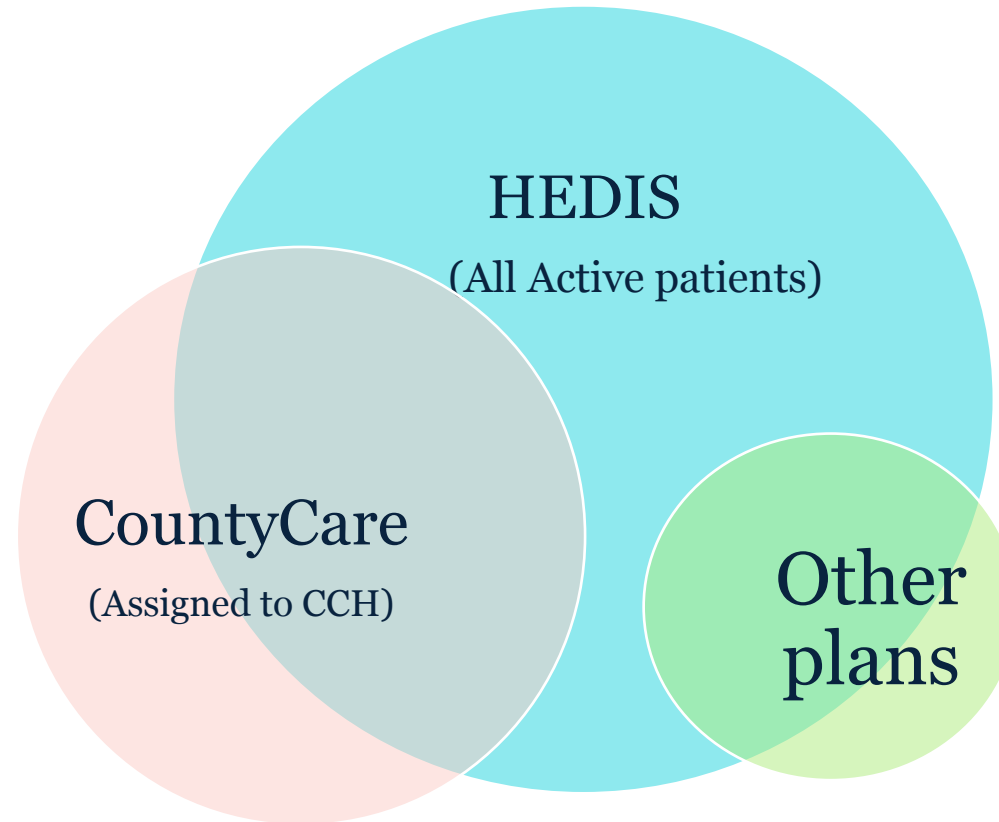
Healthcare Effectiveness Data and Information Set (HEDIS)

- Comprehensive set of standardized performance measures designed to provide purchasers and consumers with the information they need for reliable comparison of health plan performance.
- Widely used performance improvement tools with over 190 million people, enrolled in Medical insurance plans that report **HEDIS** results.
- Relate to many significant public health issues, such as cancer, heart disease, smoking, asthma, diabetes, early detection and prevention
- For our Primary Care settings at CCH
 - Data allow identification of performance gaps and establishment of realistic targets for improvement and to track progress
 - Benchmark data with other providers
 - Opportunity to partner with County Care and other Managed Care Health plans to improve care and capture additional financial incentives for CCH.

Source: NCQA – National Committee on Quality Assurance.

Population Health and HEDIS Measures

Empanelment Denominator – Multiple definitions



Current HEDIS Measure Performance

Top Performing Measures

Breast Cancer Screening (BCS)

Comprehensive Diabetes Care (CDC) –
Nephropathy Screening

Comprehensive Diabetes Care (CDC) –
HbA1c Testing

Opportunity for Improvement Measures

Comprehensive Diabetes Care (CDC) – Blood
Pressure Control (<140/90 mm Hg)

Comprehensive Diabetes Care (CDC) – Eye
Exam

Comprehensive Diabetes Care (CDC) – HbA1c
Control (<8%)

Childhood Immunizations (CIS)

Well-Child Visits (W15, W34) -15 months &
3-6 years

Proposed Priority HEDIS Measures for 2019

Align with current CCH and CountyCare initiatives

Goal: Exceed 80Th Percentile for the metrics

Childhood Immunization Status (CIS)

Comprehensive Diabetes Care (CDC)

- Blood Pressure Control (<140/90 mm Hg)
- HbA1c Control <8% (CDC – HbA1c <8%)
- Eye Exam (CDC – Eye Exam)
- Nephropathy Screening (CDC – Nephropathy Screen)

Timeliness of Prenatal Care (PPC)

Postpartum Care (PPC)

Well Child Visits in the First 15 Months of Life – 6+ Visits (W15)

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Adult Hedis Measures- 2019- 12 month look back- IE. April 2019-April 2018												
Clinic	CDC-BP Rate - Feb	April	CDC-Eye Exam Rate- Feb	April	CDC- Nephropath y Screen Rate - Feb	April	CDC-HbA1c Test Rate- Feb	April	CDC-HbA1c Control (<8%) Rate- Feb	April	IET - Initiatio n of AOD Treatme nt - Feb	April
Austin (AH)	40%	41%	37%	38%	90%	89%	89%	86%	49%	46%		
Cicero (CH)	44%	42%	47%	46%	90%	88%	92%	91%	43%	42%		
Cottage Grove (CG)	46%	46%	49%	48%	91%	87%	94%	89%	47%	44%		
Englewood (EH)	36%	38%	38%	35%	87%	84%	87%	85%	49%	44%		
Logan Square (LS)	46%	44%	48%	47%	89%	87%	93%	89%	46%	41%		
CORE	59%	59%	27%	26%	79%	77%	90%	87%	54%	51%		
Prieto (PH)	47%	83%	57%	55%	90%	88%	85%	84%	40%	36%		
Sengstacke (SH)	46%	47%	46%	45%	90%	87%	86%	84%	47%	42%		
OFHC (OF)	48%	48%	57%	56%	91%	88%	86%	83%	50%	44%		
Robbins (RH)	43%	45%	56%	54%	89%	86%	90%	87%	50%	45%		
Arlington Heights (AR)	45%	45%	27%	26%	88%	85%	92%	88%	42%	38%		
Woodlawn (WH)	40%	42%	37%	35%	85%	84%	87%	87%	47%	44%		
Stroger Campus	45%	45%	50%	49%	88%	86%	87%	84%	52%	45%		
Near South (NS)	41%	41%	30%	27%	90%	85%	91%	87%	51%	46%		
Morton East (ME)	100%	100%			100%	100%	100%	100%				
CCH Overall	44.80%	44.00%	46.30%	45.40%	88.80%	86.60%	88.00%	85.70%	48.10%	43.30%	UNK	
Target (80th %ile)	74%		66%		93%		92%		57%		48%	



Childhood Hedis Measures 2019 - Look back for 12 months- IE. April 2019-April 2018						
Clinic	Childhood Immun Rate- Feb	April	Well-Child Visits 0-15 mos Rate - Feb	April	Well-Child Visits 3-6 yrs Rate- Feb	Well-Child Visits 3-6 yrs Rate- April
Austin (AH)	53%	44%	56%	55%	65%	59%
Cicero (CH)	65%	82%	56%	93%	73%	70%
Cottage Grove (CG)	63%	56%	63%	71%	67%	63%
Englewood (EH)	42%	15%	54%	30%	64%	57%
Logan Square (LS)	73%	44%	67%	83%	74%	73%
CORE		100%		100	73%	55%
Prieto (PH)	73%	90%	71%	100%	65%	67%
Sengstacke (SH)	44%	63%	64%	63%	63%	57%
OFHC (OF)					100%	67%
Robbins (RH)	40%	44%	53%	69%	62%	59%
Arlington Heights (AR)	75%	83%	70%	75%	71%	72%
Woodlawn (WH)			100%		25%	10%
Stroger Campus	67%	60%	88%	74%	74%	75%
Near South (NS)	80%	40%	50%	80%	66%	60%
Morton East (ME)					100%	100%
CCH Overall	59.90%	60.20%	64.90%	68.20%	68.00%	64.50%
CountyCare						
ACHN Empaneled						
Target (80th %ile)	77%		73%		81%	81%



Proposed HEDIS Measures by Workgroup

HEDIS measures to target and improve on

Adult Workgroup	Pediatric Workgroup	Prenatal Workgroup	Behavioral Health Workgroup
<ul style="list-style-type: none">• Comprehensive Diabetes Care (CDC)• Blood Pressure Control (<140/90 mm Hg)• HbA1c Control (<8%)• Eye Exam• Nephropathy Screening	<ul style="list-style-type: none">• Childhood Immunization Status (CIS)• Well-Child Visits• First 15 Months of Life – 6+ Visits (W15)• Third, Fourth, Fifth and Sixth Years of Life (W34)	<ul style="list-style-type: none">• Prenatal and Postpartum Care (PPC)- Will be combined with Maternal Child Initiatives	<ul style="list-style-type: none">• Initiation and Engagement of Alcohol and other Drug Abuse Dependence Treatment (IET)- Obtaining Baseline metric

QI Project Charter: Patient Centered Primary Care within High Reliability Organization

Team: HEDIS Primary Care Steering Team

Project Scope: Diabetes Care and Childhood Immunizations HEDIS measures

Quality Domain Work Group Dyad: Mark Loafman MD, MPH Kathy Pavkov, RN

Steering Team: Dr. Loafman, Kathy Pavkov, Dr. Cunill, Dr. Maric, Edie Johns, Kisonah Smith, Kelly Simon, Dr. Perry, Thankamma Kuriakose, Lisa Hobson, Katina Daher, Laurel Chadde, Kathleen Shanahan, Claudia Burchinal

What are we trying to Accomplish?

- **Help improve patient outcomes in areas of significant health disparity: HEDIS metrics.**
- **Capture additional Pay for Performance incentives in areas publicly reported.**
- **Align and build on ongoing improvement efforts already underway, using IHI model.**
- **Standardize, spread the team based care processes that demonstrate value and quality.**

Diabetes Care (DM) and Childhood Immunizations (CIM)

Project Aim Statement

- Improve Primary Care for CCH patients with Diabetes age 18-75 and Children age 0-5.
- Specifically, meet (or exceed) performance targets in all of the DM/CIM identified priority HEDIS measures by December 31, 2019.
- Among the many DM and CIM metrics those highest yield for patients were selected as initial focus areas.

Establish Steering Team	✓ 3/27/19
Complete Charter	✓ 4/23/19
Establish Work Groups for CIM and Diabetes	✓ 4/23/19
Monthly Meetings to Review Progress	✓ 5/28/19

Childhood Immunizations

Aim Statement

Our Goal is to improve childhood immunization along with overall well child care, by December 1, 2019.

Target is > 77% - Current overall rate for pediatric patients seen is 60%

Establish Steering Team	✓ 3/27/19
Complete Charter	✓ 4/23/19
Establish Work Groups	✓ 4/23/19
PDSA Cycle Draft	✓ 5/28/19
Present to Pilot Sites	✓ 6/14/19
Training / Education	☐ 6/21/19
Go Live Pilot – 2 Sites (Englewood/ Near South)	☐ 6/24/19
Spread to all Sites	☐ 10/31/19

Comprehensive Diabetes Care

Aim for CCH and CountyCare 12/31/2019:

- Improve performance on 4 key DM measures to 80% for CCH and CountyCare Age 18-75
- Successful A1c and nephropathy screening at > 92%
- Patients with A1c < 8 at > 57%
- Patients with BP < 140/90 at >74%
- Retinopathy screening/annual eye exam at > 66%

Establish Steering Team	✓ 3/27/19
Complete Team Charter	✓ 4/23/19
Establish Work Groups	✓ 4/23/19
PDSA Cycle Draft	✓ 5/28/19
Present to Pilot Sites	✓ 6/14/19
Training / Education	☐ 6/24/19
Go Live Pilot – 1 Site	☐ 7/8/19
Spread Best Practices to all sites	☐ 10/31/19

Comprehensive Diabetes Care – Digital Retinal Camera

Aim

Goal = 66% - CCH Ambulatory Services current annual eye exam rate for patients with DM – 45% - Current

CCH purchased 15 Digital Retinal Cameras currently being deployed in Primary Care Sites.

Anticipated Impact if 66% exams complete by 12/31/19: 600-900 retinal photographs / month; 20-25% with Follow UP to Ophthalmology

Digital Retinal Images sent to Ophthalmology physicians for diagnostic interpretation – referral only if positive.

Establish Steering Team	✓ 3/27/19
Complete Charter	✓ 1/28/19
Establish Work Groups	✓ 1/28/19
Camera Delivery	✓ 5/2019- warehouse and pilot sites
Workflows, Documentation, Testing	✓ 6/14/19
Training / Education	☐ 6/24/19
Go Live Pilot – 2 Site (CORE, GMC)	☐ 6/24/19
Go Live at additional sites	☐ 10/31/19



Primary Focus Areas for PDSA Cycles

High Yield Goals

- **Outreach** - for patients not in care or not up to date with care
- **Process Improvement** - gaps in care in the care delivery for every patient seen, every time
- **Team Effectiveness**– optimize roles/ responsibilities via appropriate training and support
- **Patient Engagement** - optimize portal usage and use of self-management goals
- **Social determinants** – processes to actively address those needed to improve patient outcomes
- **Data Analytics** - continuous monitoring, sharing and response to performance data for each site
- **Learning Health system** - Continuous learning and use of PDSA into site specific PI activities
- **Data Consistency and Capture** - HEDIS Metrics

HEDIS Childhood Immunizations by 2 years old

Best Practices - PDSA

Pilot Sites

Englewood
&
Near South
Health Centers

Day of Care/Preplanning (1 -4)

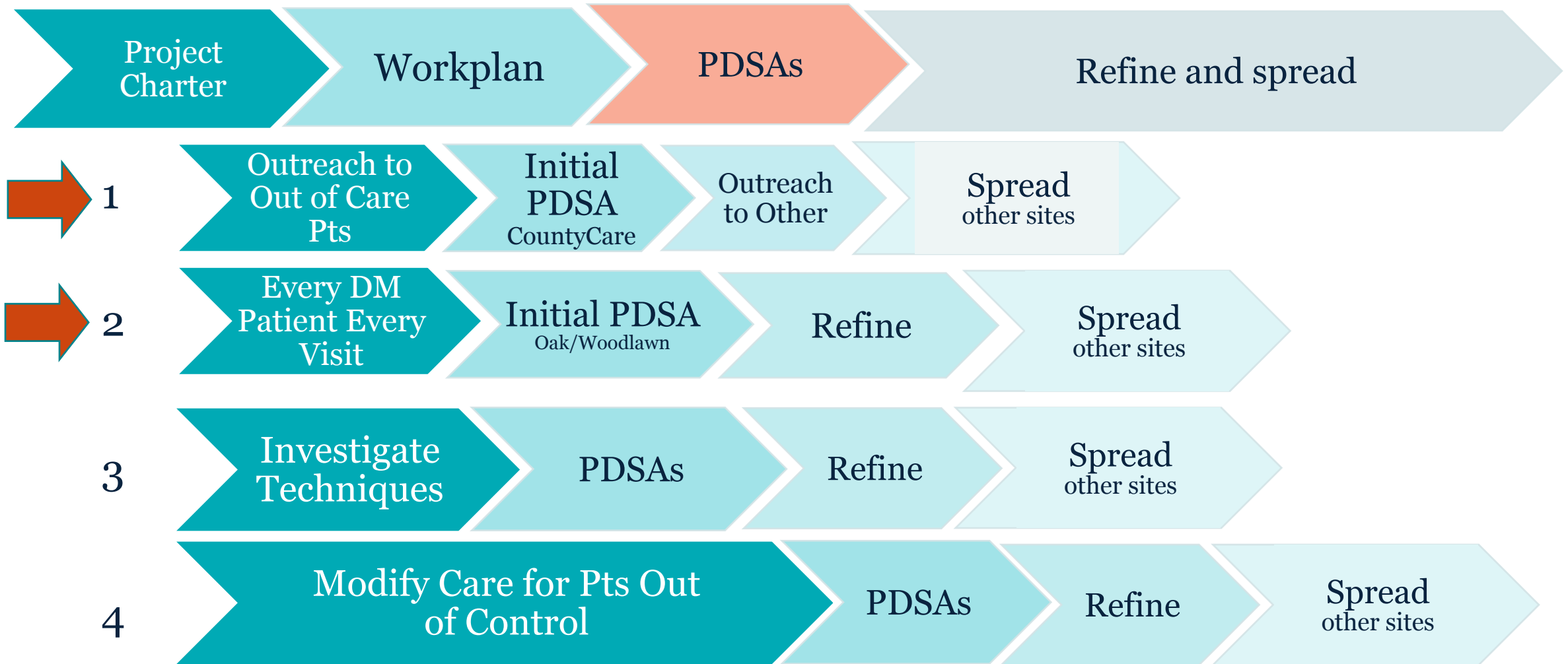
1. Print ICARE out on each patient regardless of visit
2. Import ICARE vaccines into Cerner if found deficient
3. Daily Team Huddle focus on needed Well Child Check-up (WCC) (lead) and vaccines

Outreach (5-7)

5. Automatic reschedule for pediatric No Shows
6. Enroll parent in Patient Portal, send reminders 2 weeks before next appointment.
7. Reach OUT: Clinic manager to provide monthly BI/Pop health patient lists filtered by age to Pediatric Champion & team for assessment of well child care, immunizations, developmental and lead screen



Diabetes comprehensive Care Initiatives*



*In addition to Eye Exams

HEDIS Diabetes Comprehensive Care Initiatives

Best Practices - PDSA

Outreach to CountyCare patients in need of care

1. Assigned Staff to perform outreach and make appts

Day of Care/Preplanning

1. Identify Care Gaps – Nephropathy Screen, A1c, Eye Exam, Immunizations
2. Place orders for Gaps
3. Daily Team Huddle focus on patients with Diabetes and needs

Day of Care/ Visit

1. Accurate blood Pressure measurement
2. Health Risk Screen (annually) – Identify Social Determinants
3. Accurate Medication history and adherence
4. Immunizations
5. Self Management Goals
6. Know your Numbers
7. Foot Exam
8. Retinal Photographs
9. Medication reconciliation, adjustments and Refills
10. Referrals and Follow up

**Pilot Sites-
Every Patient
with Diabetes,
Every Time**

Oak Forest



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PROVIDER CHAMPIONS

HEALTH INITIATIVES	PROVIDER CHAMPIONS
Access	Mark Loafman MD Yolanda Escalona MD
Diabetes	Nevenka Maric MD
Diabetic Eye	Modupe Oladeinde MD
Behavioral Health Integration	Diane Washington MD
Childhood Immunizations / Well Child Care Visits	Denise Cunill MD, FAAP
E-Consults / Health Education	Titilayo Abiona MD
Hypertension	Arnold Turner MD
Leadership Initiative	Sharon Irons MD
Mammography	Pamela Ganschow MD
	Nathalie McCammon-Chase MD
Maternal Child Health	Denise Cunill MD, FAAP
Medication Assisted Treatment (MAT)	Juleigh Nowinski-Konchak MD
Men's Health Initiative	Charles Edoigiawerie MD Brian Humphrey PsyD
Primary / Specialty Care Collaboration	Daniel Vittum MD
OPPE Evaluations	Titilayo Abiona MD Norbert DeBiase MD
Sexually Transmitted Diseases (STD)	Chukwuemeka Ezike MD

Thank You



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
June 21, 2019

ATTACHMENT #4



**COOK COUNTY
HEALTH**



Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deb Santana
Secretary to the Board
Cook County Health

Date: June 13, 2019

Dear Members of the Quality and Patient Safety Committee of
the CCH Board,

Please be advised that the Executive Medical Staff Committee
of John H. Stroger Jr., Hospital of Cook County, approved the
attached list of medical staff action items Tuesday, June 11,
2019, for your consideration. Thank you.

Respectfully Submitted,

Trevor Lewis, MD
President, Executive Medical Staff

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee**.

Medical Staff Appointments/Reappointments Effective June 21, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee Board.

Initial Physician Appointment Applications:

Name	Category	Department / Division	Appointment Term
Albanese, Alexandra MD	Active	Family Medicine	June 21, 2019 through June 20, 2021
Elkhouly, Mohamed A., MD	Voluntary	Medicine/Hospital Medicine	July 1, 2019 through June 30, 2020
Hussain, Nuzath MD	Active	Ob/Gyn	June 21, 2019 through June 20, 2021
Mendez-Hernandez Andres E., MD	Voluntary	Medicine/Hospital Medicine	July 1, 2019 through June 30, 2020
Parra-Rodriguez, Luis MD	Voluntary	Medicine/Hospital Medicine	July 1, 2019 through June 30, 2020
Poudyal, Abhushan, MD	Voluntary	Medicine/Hospital Medicine	July 1, 2019 through June 30, 2020
Rajagopal, Nimmi MD	Active	Family Medicine	June 21, 2019 through June 20, 2021
Seares, Marie Jennifer B., MD	Voluntary	Medicine/Hospital Medicine	July 1, 2019 through June 30, 2020
Sherman, Nada, MD	Active	Medicine/Hematology/Oncology	June 21, 2019 through June 20, 2020
Sifuentes, Melissa A. MD	Voluntary	Medicine/Hospital Medicine	July 1, 2019 through June 30, 2020
Tawfeek, Kerolos MD	Active	Correctional Health/Med Surg	June 21, 2019 through June 20, 2021

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 21, 2019

Reappointment Applications Physicians:**Department of Anesthesiology:**

Name	Category	Division	Reappointment Term
Swiner, Connie MD	Affiliate		August 8, 2019 through August 7, 2021
Tzonkov, Anna MD	Active		August 18, 2019 through August 17, 2021

Department of Correctional Health:

Name	Category	Division	Reappointment Term
Mekhael, Fayez MD	Active	Med/ Surg	July 28, 2019 through July 27, 2021
Papiez, Gregory MD	Active	Med/Surg	August 25, 2019 through August 24, 2021
Yu, Yan DO	Active	Med/Surg	August 19, 2019 through August 18, 2021

Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Gafoor, Sabiha MD	Active		July 1, 2019 through June 30, 2021
Gottlieb, Michael MD	Consulting		August 18, 2019 through August 17, 2021
Paul, George MD	Active		August 18, 2019 through August 17, 2021

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ON JUNE 21, 2019**

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Gavagan, Thomas MD	Voluntary		July 1, 2019 through June 30, 2021
Gbotsho, Ayodeji MD	Active		July 21, 2019 through July 20, 2021
Kamdar, Shivani MD	Active		July 21, 2019 through July 20, 2021

Department of Medicine

Name	Category	Division	Reappointment Term
Alhanoun, Elias, MD	Active	PCCM	August 28, 2019 through August 27, 2021
Ezeokoli, Chukwudozie, MD	Active	Hospital Medicine	July 28, 2019 through July 28, 2021
Nagubadi, Swamy, MD	Active	PCCM	August 26, 2019 through August 25, 2021
Thomas, Tin, MD	Active	Infectious Disease	June 30, 2019 through June 29, 2021

Department of Ob/Gyn:

Name	Category	Division	Reappointment Term
Gandia, Justin MD	Affiliate	OB/Gyn	August 18, 2019 through August 17, 2021
Schmidt, Julie MD	Voluntary	Ob/Gyn	June 29, 2019 through June 28, 2021

Department of Pathology:

Name	Category	Division	Reappointment Term
Alagiozian-Angelova, Victoria MD	Active	Anatomic Pathology	July 30, 2019 through July 29, 2021
Senseng, Carmencita MD	Active		July 28, 2019 through July 27, 2021
Shi, Feinan MD	Affiliate		July 19, 2019 through July 18, 2021

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Bandi, Sidhura MD	Voluntary	Allergy Immunology	July 10, 2019 through July 9, 2021
Severin, Paul MD	Active	Critical Care	July 9, 2019 through July 8, 2021
Tylka, Joanna MD	Voluntary	Critical Care	July 21, 2019 through July 20, 2021

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ON JUNE 21, 2019

Department of Radiology:

Name	Category	Division	Reappointment Term
Thakrar, Anupama MD	Active	Rad Oncology	July 19, 2019 through July 18, 2021

Department of Surgery:

Name	Category	Division	Reappointment Term
Blair, Michael P., MD	Voluntary	Ophthalmology	September 22, 2019 through September 21, 2021
Koo, Nathaniel, MD	Active	Pediatric Surgery	October 20, 2019 through October 19, 2021
Merk, Bradley R., MD	Consulting	Orthopaedic	August 19, 2019 through August 18, 2021
Qureshi, Javeria S., MD	Affiliate	General Surgery	July 21, 2019 through July 20, 2020
Sawaqed, Ray S., MD	Active	Cardiothoracic	October 19, 2019 through October 18, 2021
Thompson, Lisa S., MD	Active	Ophthalmology	October 20, 2019 through October 19, 2021

Medical Staff Request for Additional Privileges:

Name	Department/ Division	Additional Privileges
Ezekoli, Chukwudozie, MD	Medicine/General Medicine	Hospital Medicine

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ON JUNE 21, 2019

Initial Application for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Han, Yong LAc.	Acupuncturist	Anesthesiology/Pain Mgmt	June 21, 2019 through June 20, 2021
Marks, Irene CNP	Nurse Practitioner	Ob/Gyn	June 21, 2019 through June 20, 2021
Posey, Sara, PA-C	Physician Assistant	Medicine/Cardiology	June 21, 2019 through June 20, 2021

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Balawender, Ahleah, PA-C	Physician Assistant	Correctional Health Svcs/Psychiatry	June 22, 2019 through June 21, 2021
Latif, Rohiya PA-C	Physician Assistant	OB/Gyn	August 28, 2019 through August 27, 2021
Mathew, Chary, CNP	Nurse Practitioner	Surgery/Urology	July 21, 2019 through July 20, 2021
Ochon, Joy Mylene D., CNP	Nurse Practitioner	Surgery/Orthopaedic	August 18, 2019 through August 17, 2021
Sanchez, Luis PA-C	Physician Assistant	Correctional Health/Med Surg	June 22, 2019 through June 21, 2021
Valiathara, Roji M. CNP	Nurse Practitioner	Surgery/Vascular	September 15, 2019 through September 14, 2021
Yurasek, Frank PhD	Acupuncturist	Pain Management	August 26, 2019 through August 25, 2021

Non-Medical Staff Request Change to Agreements:

Name	Department/ Division	Supervisor/Collab
Chollampel, Elamma D., CNP	Surgery/Orthopaedic	Benjamin G. Bruce, MD
Thomas, Manju J., CNP	Surgery/Orthopaedic	Benjamin G. Bruce, MD

Non-Medical Staff Request for Additional Privileges:

Name	Department/ Division	Additional Privileges
Baluka, Stephanie PA-C	Medicine	Pediatrics and Prescriptive Authority
Karuthalackal, Adai V., PA-C	Surgery/Orthopaedic	Prescriptive Authority
Oguntoba, Segun CNP	Pediatrics	Prescriptive Authority
Rogers, Ollie CNP	Medicine	Pediatrics

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 21, 2019



Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

June 7, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on June 7, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD
Provident Hospital of Cook County
Vice President, Medical Staff
Presiding Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Marlon Kirby, MD
Vice President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 6/7/2019

Medical Staff Appointments/Reappointments Effective June 21, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Application:			
Name	Category	Department / Specialty	Appointment Term
Patel, Milap S., DO	Voluntary	Surgery/Orthopaedic	June 21, 2019 thru June 20, 2021
Rowe, Jocelyn A., MD	Voluntary	Surgery/Ophthalmology	June 21, 2019 thru June 20, 2021

New Business

Reappointment Applications Physicians:			
Department of Anesthesiology:			
Name	Category	Department/Specialty	Appointment Term
Swiner, Connie, MD	Active	Anesthesiology	August 8, 2019 thru August 7, 2021
Tzonkov, Anna, MD	Affiliate	Anesthesiology	August 18, 2019 thru August 17, 2021
Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Krantz, Anne, MD	Affiliate	PCCM	July 21, 2019 thru July 20, 2021

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ON JUNE 21, 2019

Department of OB/GYN:

Name	Category	Department/Specialty	Appointment Term
Gandia, Justin, MD	Active	OB/GYN	August 18, 2019 thru August 17, 2021

Department of Pathology:

Name	Category	Department/Specialty	Appointment Term
Shi, Feinan, MD	Active	Clinical Laboratory	July 19, 2019 thru August 18, 2021

Department of Radiology:

Name	Category	Department/Specialty	Appointment Term
Egiebor, Osbert, MD	Affiliate	Radiology	June 21, 2019 thru June 20, 2021

Department of Surgery:

Name	Category	Department/Specialty	Appointment Term
Blair, Michael P., MD	Affiliate	Ophthalmology	September 22, 2019 thru September 21, 2021
Greenbaum, Evan S., MD	Affiliate	Otolaryngology	August 28, 2019 thru August 27, 2021
Harrison, Jacqueline L., MD	Affiliate	General Surgery	July 21, 2019 thru July 20, 2021
Larsen, Brian P., MD	Affiliate	Ophthalmology	August 18, 2019 thru August 17, 2021
Sauper, Alexander J., MD	Affiliate	General Surgery	July 21, 2019 thru July 20, 2019

Medical Staff Request for Additional Privileges:

Name	Department	Additional Privileges	Recommendation
Ahmad, Nadeem, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Brahmbhatt, Manish, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Edosomwan, Magnus, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.

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Eldris, Nader, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Ezeokoli, Chukwudozie, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Garcia, Diaz Marlon, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Kumssa, Admasu, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Nauman, Ahmad, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Pierko, Krysztos, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Poku, Caroline, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Polyakova, Elina, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Ripley, Melanie, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Turbay, Rafael, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Udechukwu, Victor, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.
Yamani, Naser, MD	Internal Medicine	Admission to ICU with ventilator management; mechanical ventilator management; Hyperalimentation for initiation of ICU Provident Hospital	Approved.

Provisional To Full:

Name	Department/ Division	Discussion	Recommendation
Barron, Anastasia, DO	Radiology	File reviewed and presented with no issues identified.	Recommended.
Caughlin, Benjamin P., MD	Surgery/Otolaryngology	File reviewed and presented with no issues identified.	Recommended.
Simpson, Karen, MD	Pediatrics	File reviewed and presented with no issues identified.	Recommended.

Medical Staff Category and / or Department Addition/Change With No Change In Privileges:

Name	Department/ Division	From	To	Action
Jones, Amgell, MD	Surgery/General Surgery	Voluntary	Active	Recommended.

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 21, 2019